

# Political impunity and HIV vulnerability among Haitian female sex workers in the Dominican Republic

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## Introduction

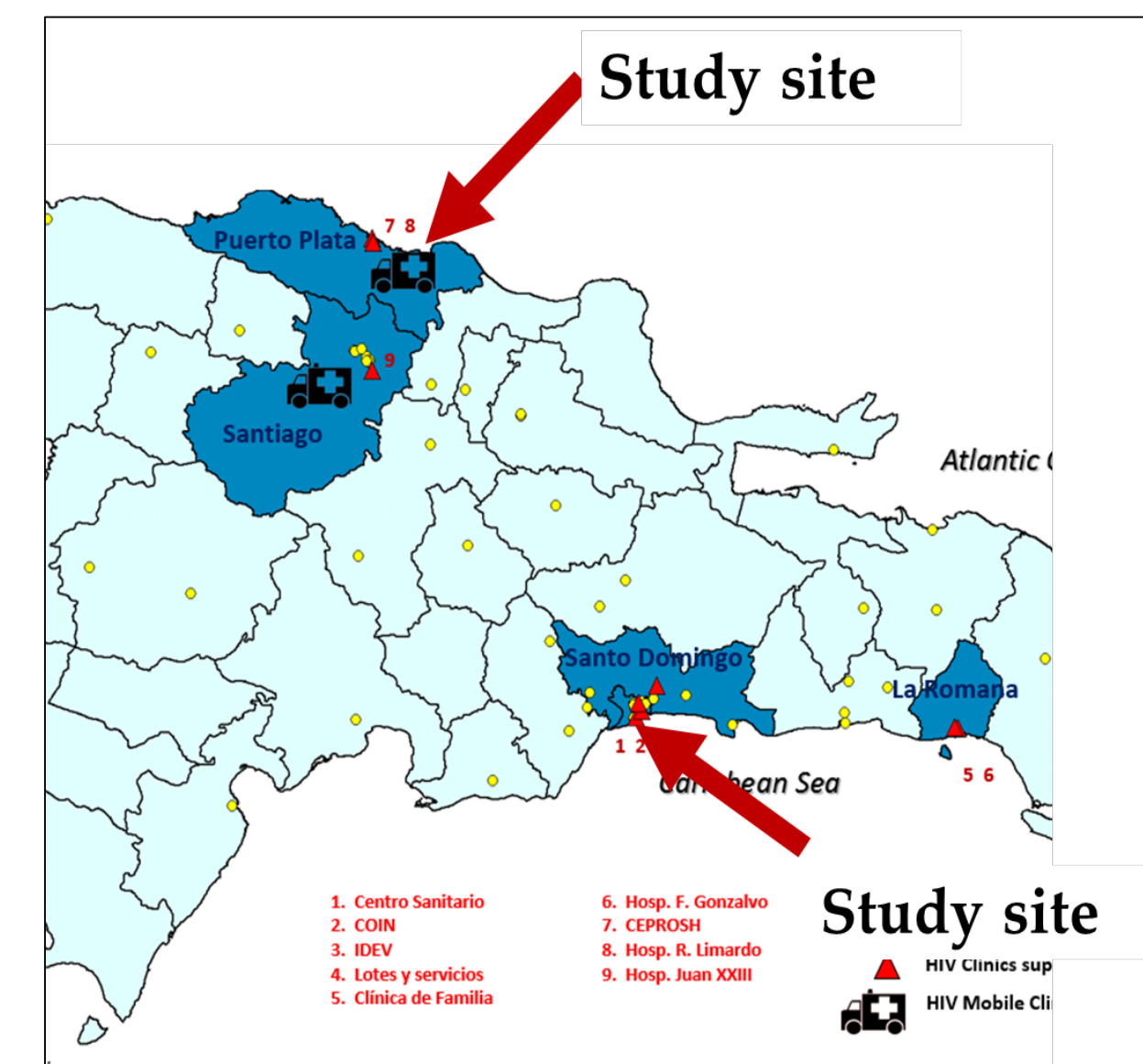
Female sex workers (FSWs) are often conceptualized as a homogenous group. Yet, addressing their vulnerability to HIV appropriately requires understanding their cultural, ethnic, and economic diversity. In the Dominican Republic (DR), Haitians are a marginalized minority group who endure anti-Haitian stigma, among other social, economic, and political challenges. Haitian FSWs exist within a context of political impunity, because of their lack of citizenship and the liminal criminality of sex work. The prevalence of HIV among Haitian FSWs in the DR is estimated at 5.4% (ECVC, 2015).

Individual-, environmental-, and structural-level interventions in the DR have increased consistent condom use (Kerrigan, et al., 2003; Kerrigan, et al., 2006) and adherence to HIV treatment (Kerrigan, et al., 2016) among FSWs in general, but have not focused specifically on the experience of Haitian FSWs. Central to the success of these interventions is a human rights-based community empowerment approach that focuses on social cohesion and solidarity. The purpose of the present study was to explore HIV vulnerability as a result of political impunity and to describe the social resources that may be used in the design of HIV prevention and treatment interventions for Haitian FSWs.

## Methods and Materials

MEASURE Evaluation—funded by the United States Agency for International Development and the United States President’s Emergency Plan for AIDS Relief—conducted in-depth interviews (IDIs) with 47 Haitian and Haitian-Dominican FSWs in Santo Domingo (n=21), Puerto Plata (n=21), and Sosua (n=5). Study sites were selected based on sex work prevalence and HIV prioritized areas by the Dominican Ministry of Health and PEPFAR.

Two interviews were conducted with each participant in Spanish or Haitian Creole. Interviews were audio-recorded, transcribed, and coded using Nvivo qualitative analysis software, Version 12.



## Results

- Participants were financially independent heads of households, and many were responsible for supporting romantic partners financially, through their earnings from sex work.

- For many women, being a **caregiver** was a source of pride. Yet, they also suffered in this role as they struggled to meet their children’s basic needs. They worried about their own health and safety and what would become of their children if they could not support them.

- Limited social connections.** Participants’ social ties—primarily to other poor women and neighbors—were weak. Many were emotionally and geographically distant from family members and relied on childcare assistance from neighbors during working hours.

- Navigating sex work.** Participants developed such strategies as demanding payment up front, avoiding alcohol and drugs while working, selecting specific types of clients, and traveling in groups to avoid being robbed, sexually assaulted, or harassed by clients and police. No animosity between Dominican and Haitian sex workers was described.

- Gossip and sex work stigma.** Stigma associated with sex work increased FSWs’ vulnerability to adverse situations involving romantic partners, friends, and the wider community. Although sex work was generally accepted as a livelihood strategy, community gossip was common, often disrupting romantic partnerships, which were already difficult to maintain. In this way, sex work functioned as a “public secret” within participants’ communities.

- Internal stigma.** Younger participants who had clear plans for the future that did not involve sex work were less willing than others to allow their identities to be defined by sex work. Other participants did identify themselves in terms of sex work, because of the critical role it played in their livelihood and their ability to care for their children.

- Condom use and HIV knowledge.** Most participants reported using condoms with clients, but few used condoms with romantic partners. Those aware of their HIV-positive status faced emotional, economic, and geographical challenges to accessing care. Knowledge specifically about HIV treatment was often limited and infused with misinformation about proper medication use.

Table 1. Study population

	Santo Domingo (n=21)	Puerto Plata (n=26)
Mean age in years	29 (range 18–50)	
<b>Ethnicity</b>		
Haitian	11	10
Rayana (Haitian-Dominican)	10	16

## Results

Theme	Illustrative quotes
Caregiver role	“I could get sick on the street. I am alone. I don’t have family here. I have brothers and sisters, but anything could happen to me and nobody would even know it. I have to take care of myself, because of my son, for him.” — <i>Haitian immigrant, age 30; cleans local hotel and sells sex to guests</i>
Social connections	“My sister hardly visits me at all; she doesn’t care about me. She is another woman who looks for money. She looks for money selling sex, like me. She has six kids, so she doesn’t give to me, because we’re going through the same thing.” — <i>Rayana woman, age 50; works in discos and bars</i>
Navigating sex work	“Sometimes what they want is a woman who they can do anything to, and they go and they do it, and they want more than what they paid for, and one is not out there for that.” — <i>Rayana woman, age 26; finds clients in park</i>
Gossip and sex work stigma	“The neighbors, when they see someone like this, what they do is make fun of this person. They laugh at you. Yes, because they see what is my work, that I am looking for it. “Ah, look how this one gets home in the early morning.” But we aren’t abused, either. They don’t get to the point to abuse us. They don’t hit us, nor treat us badly.” — <i>Rayana woman, age 50; works in discos and bars</i>

## Discussion and Conclusion

Haitian FSWs in the DR were motivated by their desire to care for children. Supporting them in their role as mothers may be an effective strategy to promote HIV health education and testing. Addressing basic needs in terms of physical safety should also be considered in future programming. Stigma needs to be addressed as does health literacy for HIV treatment and care.

## Contact

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